



ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS

ASTHO Survey Results on the Fiscal Status of State Public Health Preparedness Funds and the Status of State Smallpox Vaccination Program Efforts – October 2003

Public Health Preparedness Funds Status

In early October 2003, the Association of State and Territorial Health Officials (ASTHO) surveyed the nation's state and territorial public health agencies to obtain information regarding the extent to which their CDC and HRSA preparedness cooperative agreement funds had been "spent," were contractually "obligated," or remained "unspent," with an assumption that requests would be submitted to carryover unspent funds for use in FY 2004. The date chosen for analysis was August 31, 2003, the last day of the official project year for these cooperative agreements.

This survey and a similar survey conducted by ASTHO in March 2003 provide the only data available to complement and expand upon the federal government's "draw down" analysis regarding states' use of the federal public health preparedness cooperative agreement funds. While a "draw down" analysis does provide an accurate account of federal outlays as of a given date, it does not provide a total, comprehensive picture of the actual status of state obligations and expenditures. There is often a delay of several months between the time a state expends funds and then recovers those costs through the federal "draw down" process.¹ As a result of this delay, "draw down" analyses frequently reflect far lower figures than the actual situation within the states. Until now, this more comprehensive picture of the fiscal status of state public health preparedness expenditures has not been available.

Responses to the survey were received from 47 of the 50 states. Responses were not received from the territories or the District of Columbia. Survey results are attached in both tabular and graphic form. **Several important findings emerge from this survey:**

1. Collectively, the states report that they will be requesting an average 10.8% carryover of current preparedness funds to FY 2004 (10.8% of CDC funds and 10.2% of HRSA funds);²
2. Almost a third of all reporting states indicate that they have spent or obligated 98% or more of their CDC funds; and
3. More than 50% of all reporting states indicate that they have spent or obligated 98% or more of their HRSA funds.

¹ The delay between actual expenditure of state funds and a state's "draw down" of funds from the federal government to recoup those expenses is frequently up to, and occasionally exceeds, six months.

² By any measure this figure represents prudent fiscal management. If these preliminary estimates hold true, such a small carryover request will represent a major accomplishment for the first year of a highly personnel-intensive new initiative. This finding is testament to the hard work, skill, and dedication of public health professionals in the states, their partners in federal and local government, and the private sector. Together these individuals have initiated and begun to build one of the largest federally funded public health programs in our nation's history.

Two caveats are important to note in relation to this survey:

1. While these data represent the best currently available fiscal estimates as to the states' use of public health preparedness funds, months from now, when final audited numbers become available, there will be differences between this data set and those numbers. Hopefully at the national level these variances will not be major. These figures do represent the most comprehensive review of fiscal data available at this time; and
2. A primary factor contributing to the large number of states with higher percentage figures in their "unspent" and "obligated" lines for their HRSA cooperative agreement, in comparison to their CDC cooperative agreement, is the extension of time HRSA granted the states, until September 30, 2004, for the final state release of HRSA funds to eligible entities within the states. As HRSA noted in their 2003 guidance to states, "Because of the rapidity of the distribution of funds to awardees during FY 2002, many jurisdictions are still in the process of obligating funds for concrete implementation efforts." In most instances, states have indicated that they have completed or are nearing completion of the necessary joint planning with potential eligible entities, and that concrete plans for the expenditure of these funds either now exist or are being finalized. The ASTHO survey reporting system requires that only legally binding contractual obligations be reported in the "obligated" column. For that reason many states had to record larger percentages of HRSA funds in the "unspent" column.

Smallpox Vaccination Program Status

At the same time the ASTHO fiscal status survey was conducted, states were also asked to provide information regarding the status of their current smallpox program vaccination efforts. This information was collected in anticipation of continuing discussions of overall smallpox preparedness efforts in the states, of which vaccination is just one component. Forty eight states reported on the status of their smallpox vaccination programs as of October 15, 2003. Key findings include:

1. Fourteen states report that they have completed their smallpox vaccination efforts and are currently vaccinating only to maintain their response teams; 13 states are still holding clinics for public health and health care response teams; 19 states are currently in a "programmatic pause;" and 7 states are currently expanding their smallpox vaccination efforts beyond their public health and health care response teams;³
2. Fifty eight percent of states (28 of 48 respondents) report that they could effectively vaccinate their entire population within 10 days should a case of smallpox occur anywhere in the world; and
3. At least ten states have developed their own indicators to measure smallpox preparedness in anticipation of further guidance from the federal government.

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³ Three states that selected the "completed" category, i.e. vaccinating only to maintain response teams, also indicated they were in a "programmatic pause." Two other states that identified themselves as "still holding clinics for public health and health care response teams," also indicated there were "expanding vaccination beyond public health and health care response teams." These categories were not mutually exclusive. Future pre-event vaccination efforts in the states will be determined on the basis of ongoing programmatic reviews and current events.